

MULTIPL
NDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/538636

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

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AS FILED

AFTER
1ST AMENDMENT

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PTO - 1344 (REV. 1/84)

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